

MAIL TO:

MARYLAND DEPT OF AGRICULTURE
FOOD QUALITY ASSURANCE PROGRAM
50 HARRY S TRUMAN PKY
ANNAPOLIS, MD 21401



TELEPHONE (410) 841-5769 FAX (410) 841-2750 EMAIL: rawlinwt@mda.state.md.us

Organic Crop and Pasture Certification
Annual Update for Certification Effective January 1, 2013

This form must be filled out by MDA certified crop producers to update their organic farm system plans. Attach updated farm maps, labels and other records as appropriate. Appendix A and Appendix B must be submitted with your update. This form must be signed.

Must be Postmarked by March 30, 2012

Fee: \$500

SECTION 1: General Information			NOP Rule 205.406(a)(2) and 205.401(b)	
Applicant Name & Title		Farm Name		
Owner's Name (if different from Applicant)			Date	
Mailing Address		City	State	Zip
Phone	Fax		E-mail Website	
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify Partnerships must submit the names of all partners\owners. Corporations and LLC's must submit names of the officers and the name and address of registered agent.			Organic Certification No.	
Requested product listing for MDA Certified Operations Directory:				
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies	Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever been denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the reasons for denial and attach documentation of corrective actions.		
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening				
Do you intend to certify any livestock this year? <input type="checkbox"/> yes <input type="checkbox"/> no You must complete an Organic Livestock Plan to certify any livestock.				
Do you process (other than washing/bagging) any organic products that will be sold as organic? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you perform organic processing of any kind for anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to either question, you must complete and submit an MDA OCP <i>Organic Processing/Handling Plan Questionnaire</i> .				

SECTION 2: Minor Noncompliances

NOP Rule 205.406(a)(3)

Did you have any minor noncompliances from last year's certification? yes no

If yes, please complete the following table, listing each minor non-compliance.

Minor Noncompliance	Describe how you addressed the minor noncompliance.

PLANNED LAND USE	FIELD NUMBERS	TOTAL ACRES PER CROP OR SQUARE FEET	PROJECTED YIELDS (VOLUME)
Grains			
Corn			
Wheat			
Oats			
Barley			
Spelt			
Rye			
Other grains			
Beans			
Soybean			
Bean Other			
Hay, Silage, Pasture			
Alfalfa/Alfalfa Mix			
Grass			
Other			
Fruits/Vegetables			
Potatoes			
Tomatoes			
Lettuce			
Carrots			
Mixed Veg. ≤ 5 ac.			
Mixed Veg. > 5 ac.			
Herbs			
Other Vegetables			
Tree Nut			
Apples			
Grapes			
Other Fruits			
Miscellaneous			
Cut Flowers			
Greenhouse for own use			
Greenhouse for sale of Transplants			
Cover Crops/Idle			
Other land			
Totals			

FIELD NUMBERS	COMPLETE PARCEL ADDRESS/ LEGAL DESCRIPTION	NUMBER OF ACRES: ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C)			RENTED (R) OR OWNED (O)
		O	T	C	

B. Organic Farm Plan Changes

What year did you last submit a complete Organic Farm Plan?

Have you reviewed your Organic Farm Plan? yes no Date of review:

Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary. No changes

Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/> General information	
<input type="checkbox"/> Newly purchased or rented fields*	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Annual Seedlings and planting stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	

Complete all information for all parcels including the complete address and number of acres – organic, conventional, transitional. Land Use Affidavits signed by the person responsible for the management of the property establishing the date of the last application of NOP prohibited substances and all field history and inputs since that date must be submitted for all new fields for which you are requesting certification.

C. Inputs (Fertility, Soil, Weed Control, Pest Control, Disease Control, and Cleaning Products)

List all inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on **Attachment B**.

No inputs used

D. Seed Seedlings, and Planting stock

Seeds

No seeds used All seeds are organic Some untreated seed used No GMO seeds purchased/planted

Seed Sources If seeds are used, include all information on **Attachment A**.

Save my own seed Provided through contract Seed Companies Other

Seedlings and Planting Stock

A. DO YOU PURCHASE ORGANIC ANNUAL SEEDLINGS? Yes No Not applicable
If yes, include all information on **Attachment A**.

B. DO YOU PURCHASE ORGANIC PLANTING STOCK? Yes No Not applicable
If yes, include all information on Attachment A.

E. Monitoring Practices and Procedures

Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).

Fertility Management Program

Rate the effectiveness of your fertility management program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Natural Resource Management

Do you use or store manure? Yes No If so, how do you manage it to prevent contamination of crops, soil or water?

Rate the effectiveness of your soil conservation program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your water quality program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Weed, Pest, and Disease Management

Rate the effectiveness of your weed management program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your disease management program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Other Monitoring: Indicate if you conduct monitoring in the following areas:

Maintenance of Organic Integrity

- yes no Adjoining land uses, buffers, notification letters, posting signs
- yes no Input equipment cleaning (sprayers, planters, etc.)
- yes no Harvest equipment cleaning
- yes no Crop testing for contaminants (prohibited materials, GMOs)
- yes no Post harvest handling
- yes no Crop storage cleaning
- yes no Transportation of organic crops

Recordkeeping

- yes no Compost production records
- yes no Labor records
- yes no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products
- yes no Complaint log (Required of all certified operations – MDA Form MDA-DOC-036 is available to comply with this requirement)

Section 4 Annual Summary of Organic Crop Yield and Sales

NOP Section 205.103

The following organic crops/products have been sold from ___ (date) to ___ (date).

Crops/Products	# of Acres	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

Expand table or attach additional sheets as necessary.

Section 6 Affirmation

I affirm that all statements made in this application are true and correct. No prohibited materials have been applied to any of my organically managed fields during the three-year period prior to projected harvest or if transitional I have provided the most recent date a prohibited material was applied. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990, the National Organic Program Rule and other applicable standards or requirements. I agree to pay all costs and fees associated with this program. I understand that I must notify the MDA Organic Certification program if I intend to make modifications to products, processes or systems which could affect the compliance of the product with the requirements of the applicable standards or regulations and cannot sell or distribute the affected products until approval is received from the MDA Organic Certification Program.

I understand if I (a) knowingly sell or label a product as organic, except in accordance with the ACT, I shall be subject to civil penalty of not more than \$10,000 per violation; (b) make a false statement under the Act to the Secretary, a governing State official, or an accredited certifying agent, I shall be subject to the provisions of section 1001 of Title 18, United States Code.

I understand that except for operations exempt or excluded in the NOP §205.101, each production or handling operation or specified portion of a production or handling operation that produces or handles crops, livestock, livestock products, or other agricultural products that are intended to be sold, labeled, or represented as “100 percent organic,” “organic,” or “made with organic (specified ingredients or food group(s))” must be certified according to the provisions of subpart E of the NOP and must meet all other applicable requirement of this part and submission of this plan in no way implies granting or continuation of certification by the MDA Organic Certification Program certifying agent. I understand that I am required to surrender my certificate and can no longer sell or label products as certified by the MDA if: I withdraw from the program; my certification is not continued for failure to submit an annual update or fees; or any other reason in accordance with the NOP.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

I have attached the following documents:

- Updated maps of all parcels/fields (showing adjoining land use, buffer zones and field identification)
- Documentation for fields owned or rented for less than three years, if applicable
- Soil fertility test
- APPENDIX A - SEED, ANNUAL, PLANTING STOCK INPUTS - REQUIRED
- APPENDIX B – INPUT LIST - REQUIRED
- Organic product labels, if applicable
- I have made copies of this form and other supporting documents for my own records.**

